

Institute for Clinical Social Work

FULL TIME/PART TIME STUDENT COURSE REGISTRATION FORM

Name:

Mailing Address:

City:

State:

Zip:

Phone:

SEMESTER:

Fall

Spring

Academic Year 2007-08

STUDENT STATUS: 1st year 2nd year 3rd year 4th year

Advanced On-Leave PT SAL ACP

I choose the Child and Adolescent Specialization

FULL-TIME:

IF YOU ARE A FULL TIME STUDENT AND ARE PLANNING TO TAKE ALL THE SCHEDULED COURSES, PLEASE CHECK HERE:

1st year students will have consultants assigned at orientation.

ALL STUDENTS Please list all **new** and **on going** tutorials:

COURSE #	TYPE of CONSULATATION*, Status	INSTRUCTOR
<i>e.g.: IS 1</i>	<i>Independent Study #1, new</i>	<i>J. Smith</i>

*Includes: Case Study, Clinical Studies, Independent Study.

Part Time/SAL Students: Please list courses below:

COURSE #	COURSE TITLE	INSTRUCTOR